

ARTICLES OF REVOCATION OF DISSOLUTION

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

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1. The name of the corporation is: _____
 2. The effective date of the dissolution that was revoked is: _____
 3. The date that the revocation of dissolution was authorized is: _____
 4. If the corporation's board of directors or incorporators revoked the dissolution, a statement to that effect: _____

 5. If the corporation's board of directors revoked a dissolution authorized by the shareholders, a statement that revocation was permitted by action by the board of directors alone pursuant to that authorization: _____

 6. If shareholder action was required to revoke the dissolution:
 - a. The number of votes entitled to be cast on the proposal to revoke the dissolution was: _____
 - b. The total number of votes cast for the revocation of dissolution was: _____ and the total number of votes cast against the revocation of dissolution was: _____.

OR

The total number of undisputed votes cast for the revocation of dissolution was: _____

The number of votes cast for the revocation of dissolution was sufficient for approval.

Date: _____

Signed: _____

Title: _____

Filing Fee: \$50.00

Instructions:

1. The document must be accompanied by a copy of the Articles of Dissolution.
2. May be executed by the Chairman of the Board, President or another of its officers.
3. The document must be accompanied by one (1) exact or photo copy.